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DOCKET NO. 17619(AP)
PATENT

## THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of Achim H. Krauss

Customer No.: 051957 Serial No.: 10/663,014

Conf. No.: 1736

Filed:

September 15, 2003

Title: METHODS FOR THE

TREATMENT OF GRAY HAIR USING

CYCLOPENTANE(ENE) HEPTAN

(EN)OIC ACID AMIDES

Group Art No.: 1615

Examiner: Channavajjala, Lakshmi

Sarada

Commissioner for Patents Alexandria, VA 22313-1450

## TRANSMITTAL SHEET

Sir:

are:

Transmitted herewith is response in the above-identified application. Enclosed

- 1) Response (10 pages)
- 2) Transmittal Sheet
- 3) Request for Extension of Time
- 4) Return/Stamped Postcard
- 5) Form PTO-1449 and associated articles.

	CERTIFICATE OF MAILING
I hereby certify that this correspondence is addressed to: Mail Stop Amendment - Nor Date of Deposit)  Date of Signature	being deposited with the United States Postal Service as First Class Mail in an envelope and the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on Name of person mailing correspondence

The fee has been calculated as shown below:

## CLAIMS AS FILED

FOR	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR		ESENT TRA		RATE	ADDITIONAL FEE
Total Claims	17	20	=	-0-	x	\$50.00	\$0.00
Independent Claims	2	3	=	-0-	х	\$200.00	\$0.00
If application contains any then add	multiple depen	dent claims,	=	-0-		\$360.00	\$0.00
Terminal Disclaimer Fee:	-	- 0 -	x	\$110.0	0	=	\$0.00
Request for Continued Exami	nation (RCE)	•				\$790.0	\$0.00
	TOTAL ADD	ITIONAL FEE FOR	THI	S AME	NDME	NT	\$0.00

- \* If the entry in Col. A is less than the entry in Col. B, write "0" in Col.  ${\it C}$
- \*\* If the highest number previously paid for IN THIS SPACE is less than 20, write "20" in this space
- \*\*\* If the highest number previously paid for IN YHIS SPACE is less than 3,
  write "3" in this space
- () A check in the amount of \$\* is enclosed (place fee in here i.e., petition, excess claims, etc.)
- (x) The Commissioner is hereby authorized to charge fees under 37 CFR 1.16 and 1.17 (associated with petition fees or excess claim fees) and/or any Issue Fee which may be required, or credit any overpayment to Deposit Account No. 01-0885. A duplicate copy of this sheet is enclosed.

Respectfully Submitted,

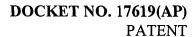
Date: November 12, 2007

Signature:

Robert J. Baran

Registration No. 25,806

Telephone (949) 851-1105 Fax: (949) 752-1925





## **Certificate of Mailing**

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On $\frac{Nov. 12}{(date)}$ , 2007		
Printed name of person signing this certificate	Rubert J.	Baran
Signature R) Boom		